

ATTACHMENT E

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES (DHS)**



Certification of Applicant

I hereby certify the following:

I understand and agree that if I am awarded grant funds that I am required to use the grant funds for the sole purpose of funding personnel and fringe benefits, occupancy, travel and transportation, supplies and minor equipment, client costs, communications, other direct costs and indirect costs for the LGBTQ Homeless Youth Beds.

I understand that I am required to be in compliance with D.C. Municipal Code, Title 22A, Chapter 44, and D.C. tax laws to receive grant funds.

I further understand that DHS reserves the right to rescind this grant notice as necessary, that the RFA does not commit DHS to make awards and that DHS is not liable for any costs incurred by applicants in applying for grants.

I also understand that I must sign a grant agreement at the time of the award and comply with any additional legal requirements including submission of required documents.

Authorized Agency Representative. Print name and title.

Signature

Date